

or to clear the mouth. No attempt at nourishment should be made for the first four hours.

The secret of the successful administration of an anæsthetic consists in, first, some knowledge of the physiological action of the drugs employed, and, second, in the recognition and careful observance of the signs to which I have endeavored to call your attention. Upon the anæsthetist rests the responsibility of life and death, unless, having noted the signs of approaching danger, he has called attention to them and shifted the responsibility to the broad shoulders of the operating surgeon.

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## MY IMPRESSIONS AS A POST-GRADUATE

By MARY ALLENSON

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JUST at this time when nurses all over the country are interested in post-graduate work perhaps my impressions as a post-graduate may be of interest

Trained in a small hospital in Western Canada, and having been graduated two years, I was anxious to enlarge my experience and find out in what ways our work and methods were different from those in large hospitals.

There being no post-graduate school in Canada, and wishing to take a general course in nursing, I entered a large post-graduate school in the United States about March 1. Even before going on duty all my fond expectations were rudely dispelled as I heard a conversation among a number of nurses telling of the long hours, laborious work, and the little benefit they were receiving. One woman in particular spoke disparagingly of the faculty and staff, informing us that the graduates were treated meanly, being given the heaviest and most disagreeable branches of the nursing, ending her remarks by saying, "If I were only starting, I'd leave, but as I am nearly through I'll stay and brave it out."

As I listened I concluded that the post-graduate course was simply a scheme to get cheap nursing. On going to my room I regretted having left my position and felt like packing my trunk and returning. However, upon thinking the matter over I concluded that what others could do I could aim at, and my common-sense prevailed. I decided to try it for myself. But I know that such conversations and remarks by a few dissatisfied ones have discouraged a great many at the start who did not wait to discover the right or wrong of it for themselves.

It was with some trepidation that I presented myself for duty the next morning. I was assigned to the medical floor. On reaching it I was given a certain number of patients to do up. The head nurse gave me a list with the names of the patients and the numbers of their beds, also their respective ailments. She then showed me the wards and left me.

I shall not soon forget my feeling of utter helplessness, knowing that I was expected to know how to do good work, yet not being sure that my way would be theirs; so I simply went ahead and did it as I had been taught, and by and by, by dint of questioning, by being corrected, and by observation I soon learned what the methods were.

It did not take long to learn that many of the nurses were there, not for the experience to be gained, but for the good time they might get out of being in a large hospital in a large city.

It was hard to realize that some had ever been inside a training-school; their work and technique were not worthy of pupil nurses in their first year, yet these same women did not intend to work hard and would not even take their share, and were usually first and loudest in their condemnation of the course.

How often in those first days was my pride knocked to the ground. The nurse in charge would tell me to do a certain thing and then would say, "Do you know how?"

My dignity at such times would receive a shock and I would feel inclined to answer indignantly. Later on I found out for myself how very necessary it was to ask such questions at times.

One thing that was incomprehensible to me at first was the lack of respect the internes had for the post-graduates. The latter often made mistakes, and at such times they were shown scant consideration by the former.

Having worked with and for them a great deal since, I have proved them at all times willing to give credit and praise where it was due, occasionally erring in their judgment. A graduate nurse had to prove herself competent and industrious and her path was smoothed somewhat.

Personally I received courtesy and kindness from all the staff, and numbers of nurses could tell the same story. We concluded that if a nurse did the right thing in the way of good nursing it was appreciated.

Looking back now, I wonder what we expected when we entered. Was it an easy life, going and coming as we liked, or did we come prepared to work, and so in part repay for the experience we were getting? It seems strange to me that so many nurses come here expecting to get a great deal for nothing. Can we expect such a thing in any profession?

The internes in our hospitals have to work hard, as we all know, for the knowledge and experience they gain, and it all depends on the man

whether his hospital work is of any benefit to him or otherwise, and the same applies to the nurse, so why should we expect more than they do?

There were classes and clinics, both medical and surgical, that we were privileged to attend. I went to a good many and liked going, but very often was too tired to go, even when I had the time. Might I make a suggestion here about starting post-graduate courses. Could not it be made possible to shorten the hours of graduates, giving them more time for study and making it compulsory for them to attend certain classes and clinics? To partly cover the expense I would suggest that an entrance fee be charged. This would in many cases keep out undesirable candidates and also raise the tone of the course. In talking with a number of graduates they seemed to be unanimous in thinking that most nurses wishing to take the course would be willing to pay a reasonable sum. Many undertake the work with the idea that more theoretical work is given and do not feel satisfied when they find that only during hours off duty can such work be obtained. I found, however, that if I intimated to the head nurse that I should like to attend certain classes, very often my time off was so arranged that I could do so. This is not always possible, but the nurses were very obliging in this respect.

The assistant principal and also one of the dietetic teachers held classes in practical nursing and dietetics respectively especially for graduates. These classes were so poorly attended that they were discontinued, it being decided it was a waste of time.

Now my course is concluded and I can most honestly say that my work has been of great benefit to me. It has at times been very hard, but it has been a pleasure. I think that from the six weeks of night duty I derived the most experience.

We meet in such a school nurses from every State in the United States and from many parts of Canada, and we exchange ideas, methods, and ways and means of carrying on all work. Some women we meet are an inspiration, and by intercourse with them we cannot help but broaden our minds and be made to feel that we too want to help in our humble way to raise the standard of nursing.

In conclusion I might say to the nurse contemplating taking such a course, Do not be afraid of asking questions, and make every use of the opportunities offered. Remember the reason you are in the school is to learn, and therefore do not resent being told how to work. Every hospital has its own methods; perhaps you do not consider their ways as good as your own, but under no consideration is it wise to proclaim your opinion broadcast. You do not need to feel ashamed or embarrassed because you have to say you do not know—it is no discredit to you. To the nurse who has been private nursing for some years the discipline and

routine will be irksome at first. After a few days you will enjoy it if you do not forget the obedience and etiquette you were taught in your own training-school.

Above all, bear in mind that a good nurse is appreciated wherever she goes. You are a representative, and accordingly as you succeed or fail is the credit or discredit reflected on your training-school.

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## PRIVATE NURSING IN ITALY

By E. N. LA MOTTE

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IN every city in the United States the attitude taken by the physician towards a nurse graduated from a first-class hospital is about the same; local conditions differ, of course, but in the main her position is alike in each, be it Baltimore, Boston, or San Francisco, or in whatever city she chooses to establish herself for the pursuit of private nursing. There are those of us, however, who get tired of working in our own particular town, and who think that nursing in a foreign country, in a different atmosphere, and amid novel surroundings would be equally profitable and perhaps more diverting, and to them, therefore, this account of what an American nurse will find in pursuit of her profession in Italy may prove useful. It is taken mainly from my own experiences and from sources of unquestionable authority, and though the scene of my particular work was Florence, one may safely generalize and say that the conditions here are those that prevail in Rome and throughout Italy generally.

Florence is an inland town in the north of Italy, of great beauty, extreme age, great historical importance, and as an art centre it is almost without a peer. The population is about two hundred thousand, including a large colony of several hundred British and American residents who have made it their permanent home. At first thought it would seem as if an American nurse would be able to find much of her work among this English-speaking population, but, on the contrary, it is quite the reverse—she will find none of it here. The reason for it is simple enough—foreigners who take up their residence in Italy from whatever cause, economical or otherwise, become soon imbued with the Italian spirit, and as the nursing standard demanded by most Italian physicians is exceedingly low, a nurse or a nun with little or no training in our sense of the word can readily be found who will answer all the requirements of both doctor and patient, and for a sum for which no American nurse would